

## Standards of Service Provision and Quality Indicators for the Paediatric Medical Component of Child Protection Services in Scotland

### Audit and Evidence Guide

This Audit and Evidence guide should be read alongside the Standards and Quality Indicators for the Paediatric Medical Component of Child Protection Services in Scotland. Each of the three regional Child Protection MCNs have agreed this approach to evidencing the implementation of the standards in clinical child protection services across Scotland.

Each Board is asked to complete an assessment against the Quality Indicators at the beginning of each year for the preceding year's child protection cases. This is to be reported to the respective MCNs at the end of each March using the attached template at Appendix 1.

There are 14 Standards but not all of them have been deemed "measurable" or are required to be measured. Each Measure Number in the table below relates directly to the Standard with the same number, hence they are not directly numbered 1 to 14.

Measure Number	Description of Measure	Data Source	Guidance
1)	A paediatrician with child protection experience and skills (of at least Level 3 safeguarding competencies) is available at all times to provide immediate advice and subsequent assessment, if necessary, for children and young people where there are child protection concerns	Annual statement from the Health Board Child Protection Lead Paediatrician	Describe how this measure is provided for by the Health Board. The statement should be presented annually and must reference any exceptions where advice was not available. It should include any issues regarding staffing and appraisal and the role of the Lead Paediatrician in ensuring competencies are maintained in the workforce.  <u>Children</u> is defined as up to the age of 16 – the child's 16 <sup>th</sup> birthday.  Exclusions: None

Measure Number	Description of Measure	Data Source	Guidance
2)	% of episodes where children have an Interagency Referral Discussion (IRD) before a Joint Paediatric Forensic (JPF) examination is carried out.	<p>Annual audit of case records by the Health Board child protection team. This should be 25% of the total JPF examinations in the last 12 months or 10 examinations, whichever is greater.</p> <p>Method: pick every 4<sup>th</sup> case (it is possible to combine audits for measures 2/3/12)</p>	<p>Numerator: number of JPF examinations where an interagency referral discussion involving police, social work and health professionals has taken place previously.</p> <p>Denominator: number of JPF examinations</p> <p>This should be reported as a percentage.</p> <p><u>Children</u> is defined as up to the age of 16 – the child's 16<sup>th</sup> birthday<sup>1</sup>.</p> <p><u>Interagency Referral Discussion</u> is defined in local NHS Board, Local Authority and Police Scotland joint protocols / guidelines</p>
3)	% of episodes where it has been agreed that a Joint Paediatric Forensic examination should take place and subsequently the examinations involves at least a Paediatrician and a Forensic Physician.	<p>Annual audit of case records by the Health Board child protection team.</p> <p>This should be 25% of the total JPF examinations in the last 12 months or 10 examinations, whichever is greater.</p> <p>Method: pick every 4<sup>th</sup> case (it is possible to combine audits for measures 2/3/12)</p>	<p>Numerator: number of episodes where it has been agreed that a Joint Paediatric Forensic examination for child protection matters have at least a two doctor examination involving a Paediatrician and a Forensic Physician</p> <p>Denominator: number of episodes where children are referred for a Joint Paediatric Forensic examination for assessment of potential child abuse</p> <p>This should be expressed as a percentage</p> <p>The number of exclusions and the reasons for them should be included as well</p> <p>Exclusions:</p> <ul style="list-style-type: none"> <li>Sexual Assault Referral Centres (SARCs) may examine 13-16 year olds where there has been an acute assault.</li> <li>JPF examinations where consent was not obtained for the examination.</li> </ul>

Measure Number	Description of Measure	Data Source	Guidance
5)	Facilities used for child protection examinations, including for under age suspected perpetrators, are age appropriate.	Annual statement from the Health Board Child Protection Lead Paediatrician	<p>Statement should be presented annually and must reference any exceptions where age appropriate facilities were not used. This includes details of the number of occasions and why the age appropriate facilities were not available.</p> <p>This information could be sourced from your Datix reporting.</p> <p>Exclusions: None</p>
6)	Cleaning and decontamination policies are in place and implemented, that take into account nationally agreed procedures and standards, to ensure Joint Paediatric Forensic (JPF) examinations are carried out in appropriate facilities.	Annual statement from the Health Board Child Protection Lead Paediatrician	<p>Confirm policies in place and implemented. Statement to include what the evidence is to assure policies are being implemented.</p> <p>Policies to be sent to the MCN.</p> <p>Exclusions: None</p>
7	Joint Paediatric Forensic (JPF) examinations involving sexual abuse/assault cases include both a competently trained paediatrician and forensic physician who can carry out timely examinations with a colposcope or equivalent, including photo documentation.	Annual statement from the Health Board Child Protection Lead Paediatrician	<p>Describe how this measure is provided for by the Health Board and if there any exceptions or gaps in provision.</p> <p>This should include information on;</p> <ul style="list-style-type: none"> <li>- Competence levels of paediatricians carrying out examinations</li> <li>- Attendance on relevant courses, peer review and supervision</li> <li>- Use of colposcope and photo-documentation</li> </ul> <p>Exclusions: JPF examinations where consent was not obtained for the colposcopic examination or photo documentation.</p> <p>SARCs are included in respect of having forensically trained doctors.</p>

Measure Number	Description of Measure	Data Source	Guidance
8)	% of cases of acute sexual assault where a discussion with a paediatrician occurred within 2 hours of the case being referred to the NHS Board.	Annual audit of case records by the Health Board child protection team  This should include all cases of acute sexual assault referred in the previous 12 months.	Numerator: number of cases of acute sexual assault where a discussion between the referrer and a paediatrician occurred within 2 hours of the case being referred to the NHS Board.  Denominator: number of referrals of acute sexual assault.  Exclusions: None
11)	% of examinations where examining doctors make comprehensive contemporaneous notes using standardised documentation during child protection examinations.	Annual audit of case records by the Health Board child protection team.  This should be 25% of the total examinations (both single doctor and JPF) in the last 12 months or 30 examinations, whichever is greater.  Method: pick every 4 <sup>th</sup> case	Numerator: number of episodes where examining doctors make comprehensive contemporaneous notes using standardised documentation during child protection examinations.  Denominator: number of child protection examinations  (note: this standard is met by filling out the nationally agreed child protection paediatric examination proforma)  Exclusions: Child protection examinations where consent was not obtained for the examination
12)	% of episodes where a detailed joint report, produced by the examining Paediatrician and Forensic Physician, is available within 3-4 weeks following Joint Paediatric Forensic (JPF) examinations.	Annual audit of case records by the Health Board child protection team  This should be 25% of the total JPF examinations in the last 12 months or 10 examinations, whichever is greater.  Method: pick every 4 <sup>th</sup> case (it is possible to combine audits for measures 2/3/12)	Numerator: number of episodes where a joint report is produced within 3-4 weeks of the Joint Paediatric Forensic (JPF) examination.  Denominator: number of Joint Paediatric Forensic (JPF) examinations  Exclusions: None

**Appendix 1**

Standards of Service Provision and Quality Indicators for the Paediatric Medical Component of Child Protection  
Services in Scotland

Audit template to be returned to relevant Child Protection MCN

Health Board:		
Measure Number	Description of Measure	Compliance with Standards
1)	A paediatrician with child protection experience and skills (of at least Level 3 safeguarding competencies) is available at all times to provide immediate advice and subsequent assessment, if necessary, for children and young people where there are child protection concerns	
2)	% of episodes where children have an Interagency Referral Discussion (IRD) before a Joint Paediatric Forensic (JPF) examination is carried out.	
3)	% of episodes where it has been agreed that a Joint Paediatric Forensic examination should take place and subsequently the examinations involves at least a Paediatrician and a Forensic Physician.	
5)	Facilities used for child protection examinations, including for under age suspected perpetrators, are age appropriate.	
6)	Cleaning and decontamination policies are in place and implemented, that take into account	

Health Board:		
Measure Number	Description of Measure	Compliance with Standards
	nationally agreed procedures and standards, to ensure Joint Paediatric Forensic (JPF) examinations are carried out in appropriate facilities.	
7	Joint Paediatric Forensic (JPF) examinations involving sexual abuse/assault cases include both a competently trained paediatrician and forensic physician who can carry out timely examinations with a colposcope or equivalent, including photo documentation.	
8)	% of cases of acute sexual assault where a discussion with a paediatrician occurred within 2 hours of the case being referred to the NHS Board.	
11)	% of examinations where examining doctors make comprehensive contemporaneous notes using standardised documentation during child protection examinations.	
12)	% of episodes where a detailed joint report, produced by the examining Paediatrician and Forensic Physician, is available within 3-4 weeks following Joint Paediatric Forensic (JPF) examinations.	